

**MM&P VACATION / LWOP\***  
**REQUEST**

STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES  
ALASKA MARINE HIGHWAY SYSTEM  
7559 N. TONGASS HWY., KETCHIKAN, AK 99901  
FAX: (907) 228-6873

A. **NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**JOB:** \_\_\_\_\_ **VESSEL & CREW:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**B. PREFERENCE FOR MY VACATION AND/OR TIME OFF THE VESSEL SCHEDULE IS LISTED AS FOLLOWS:**

- 1) FIRST OPTION: FROM: \_\_\_\_\_ TO AND INCLUDING: \_\_\_\_\_  
NUMBER OF WEEKS: \_\_\_\_\_ PAY PERIOD ENDING: \_\_\_\_\_
- 2) SECOND OPTION: FROM: \_\_\_\_\_ TO AND INCLUDING: \_\_\_\_\_  
IF 1st IS NOT APPROVED.  
NUMBER OF WEEKS: \_\_\_\_\_ PAY PERIOD ENDING: \_\_\_\_\_
- 3) ARE YOU WILLING TO WORK ASSIGNED OVERTIME: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, DATES YOU WOULD BE UNAVAILABLE TO WORK OVERTIME: \_\_\_\_\_

**C. OTHER USES OF VACATION:**

- 1) I AUTHORIZE THE USE OF VACATION AND/OR "A" DAYS IN LIEU OF SICK LEAVE AFTER I HAVE EXPENDED ALL ACCUMULATED SICK LEAVE AND ONLY UNTIL I AM FIT FOR DUTY. \_\_\_\_\_ [INITIAL]
- 2) IF ELIGIBLE IN ACCORDANCE WITH APPLICABLE CONTRACT LANGUAGE, I WISH TO CASH IN 1 WEEK OF VACATION OF EIGHTY-FOUR (84) HOURS. \_\_\_\_\_ [INITIAL]

**D. EMPLOYEE SIGNATURE:** \_\_\_\_\_

CONTACT INFORMATION: PRIMARY #: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_

**E. VACATION APPROVAL: OPTION NO. \_\_\_\_\_ IS APPROVED OR LEAVE IS DENIED: \_\_\_\_\_**

RELIEF EMPLOYEE ASSIGNED: \_\_\_\_\_ CHANGE PORT: \_\_\_\_\_

EMPLOYEE TO BE SUBJECT TO DISPATCH ON /OR AFTER \_\_\_\_\_

\_\_\_\_\_  
SIGNED: FOR THE UNION SIGNED: FOR AMHS DATE \_\_\_\_\_

**UNASSIGNED EXTRAS:**

INLAND MATE: \_\_\_\_\_ INLAND MASTER: \_\_\_\_\_ OCEAN LICENSE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT LEVEL OCEAN LICENSE DO YOU HOLD: \_\_\_\_\_

PILOTAGE ON YOUR PRESENT MMC: \_\_\_\_\_

**\* L. W. O. P. WILL NOT BE APPROVED UNTIL AFTER ALL VACATION AND / OR "(A) DAYS HAVE BEEN EXPENDED.**

**\* IF AN EMPLOYEE SEPARATES FROM SERVICE WHILE ON VACATION/LWOP, IT MAY HAVE A NEGATIVE AFFECT ON PAY AND BENEFITS. PLEASE CONTACT PAYROLL SERVICES WITH ANY QUESTIONS.**